

FILED JAN 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 644

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 6			
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper					
b. CITY (If outside corporate limits, write RURAL and give township) Boonville		c. LENGTH OF STAY (In this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Boonville		0222			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital.				d. STREET ADDRESS (If rural, give location) 318 E. Spring St.					
3. NAME OF DECEASED (Type or Print) a. (First) Everett		b. (Middle) Roscoe		c. (Last) McClary		4. DATE OF DEATH January 11 1951			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH November 8 1910			
9. AGE (In years last birthday) 40		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		11. BIRTHPLACE (State or foreign country) Cooper County, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME Raymond McClary		13b. MOTHER'S MAIDEN NAME Stella Brownfield		14. NAME OF HUSBAND OR WIFE Eva Carver McClary.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 496-65-1948		17. INFORMANT'S SIGNATURE OR NAME Mrs. Eva McClary. ADDRESS Boonville, Missouri.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infectious Hepatitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 092x				INTERVAL BETWEEN ONSET AND DEATH 9-1-50	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 9-1-1950, to Jan 11, 1951, that I last saw the deceased alive on 1-11-1951, and that death occurred at 5:50 A.M., from the causes and on the date stated above.									
23a. SIGNATURE J. C. Beckett M.D. (Degree or title)				23b. ADDRESS Boonville Mo		23c. DATE SIGNED 1-11-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE January 13 1951		24c. NAME OF CEMETERY OR CREMATORY Peninsula Cemetery		24d. LOCATION (City, town, or county) (State) Cooper County, Missouri.			
DATE REC'D BY LOCAL REG. 1-12-51		REGISTRAR'S SIGNATURE D. Hooper 381		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller. Boonville, Missouri.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-15-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-15-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.